

Strategies for Providing Culturally Responsive Psychiatric Care for Transgender, Nonbinary, and LGBTQ+ Patients

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FOCAL AREAS

Background

LGBTQ+ Mental
Health Disparities

Resilience Model

Sources of
Clinical Rupture

Intersectional
Model of
Microaggressions

Vignettes

Intervention
Strategies

Resources

Q&A

MENTAL HEALTH DISPARITIES AND MINORITY STRESS

- ▶ LGBTQ+ people experience a wide range of mental and physical health disparities (2).
- ▶ LGBTQ+ people often experience higher rates of homelessness, housing instability, intimate partner violence, and emotional abuse (12)
- ▶ LGBTQ+ folks experience higher rates of minority stress related to social, institutional, and systemic forms of oppression (5)
- ▶ Trans+ people experience higher rates of gender-based victimization than cisgender peers; highest rates of suicidality of any group (2, 12)

MICROAGGRESSIONS AND MICROINVALIDATIONS AMONG LGBTQ+ PATIENTS

- ▶ Microaggressions during clinical encounters occur at higher rates than cisgender heterosexual patients (1, 5, 6-8)
- ▶ QTPOC report increased negative clinical encounters (3)
- ▶ Microaggressive experiences are often layered across levels of otherness (6)
 - ▶ Identity concealment (10)
 - ▶ Internalized homophobia (9)
 - ▶ Sensitivity to rejection (11)
- ▶ Numerous barriers to quality service provision and clinical care across treatment settings (e.g., emergency services, ambulatory care, primary care visits, specialized services, etc.) (14)
- ▶ Patient-provider ruptures contribute to minority stress and trauma, adversely impacting patient mental health and well-being (7)

AWARENESS OF INTERPERSONAL DYNAMICS IN SESSION

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"Are you aware that when you said that your
tail went between your legs?"

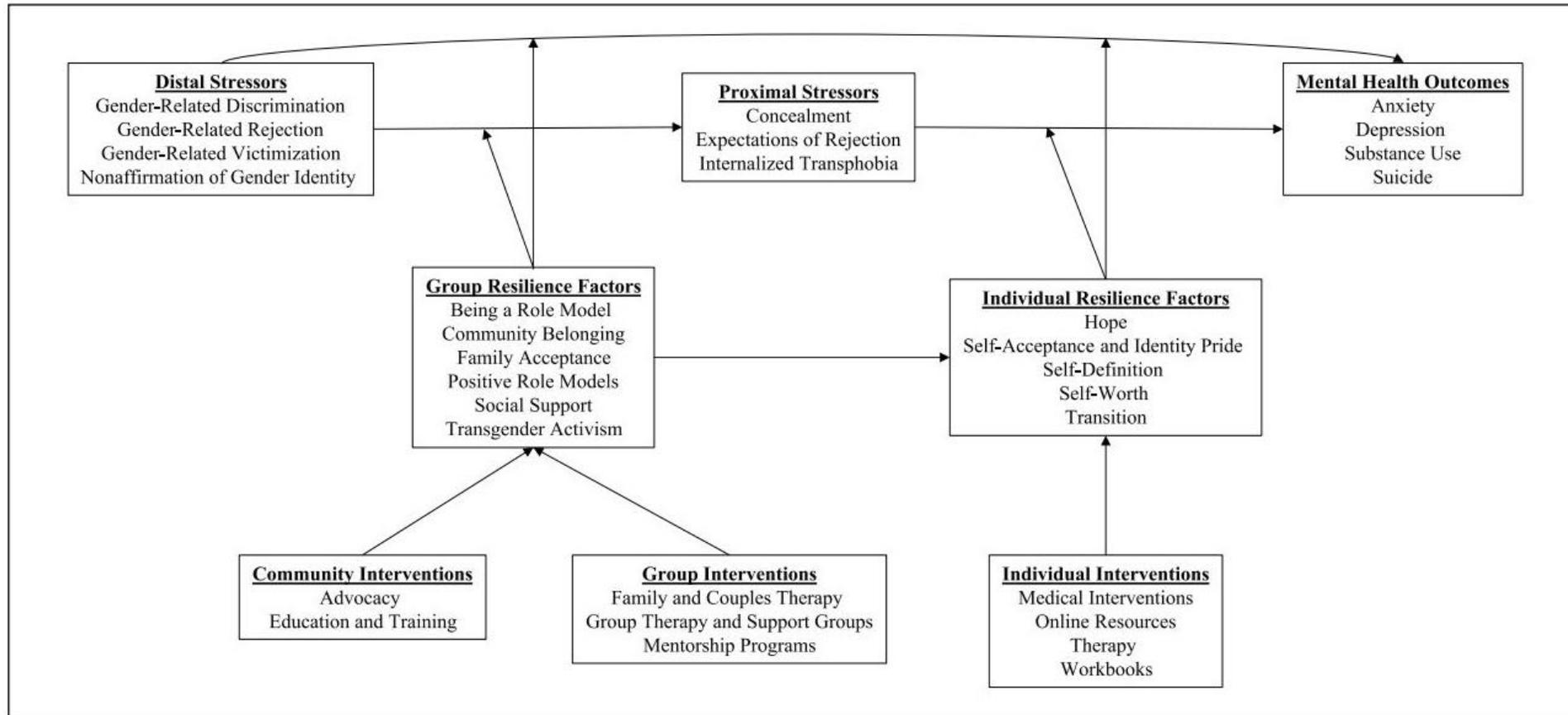


Figure 1. Transgender resilience intervention model (TRIM).

MICROAGGRESSIONS AND OTHER SOURCES OF CLINICAL RUPTURE

- ▶ Misgendering and deadnaming
- ▶ Assumptions about gender roles, presentation, or expression
- ▶ Invasive questions about patient's body
- ▶ General lack of LGBTQ+ competency
- ▶ Conflation of psychiatric symptoms with Gender Dysphoria
- ▶ Gatekeeping vs. informed consent model
- ▶ Pathologizing sexual practices

CRITICAL AND INTERSECTIONAL MODEL OF LGBTQ MICROAGGRESSIONS (VACCARO & KOOB, 2019)

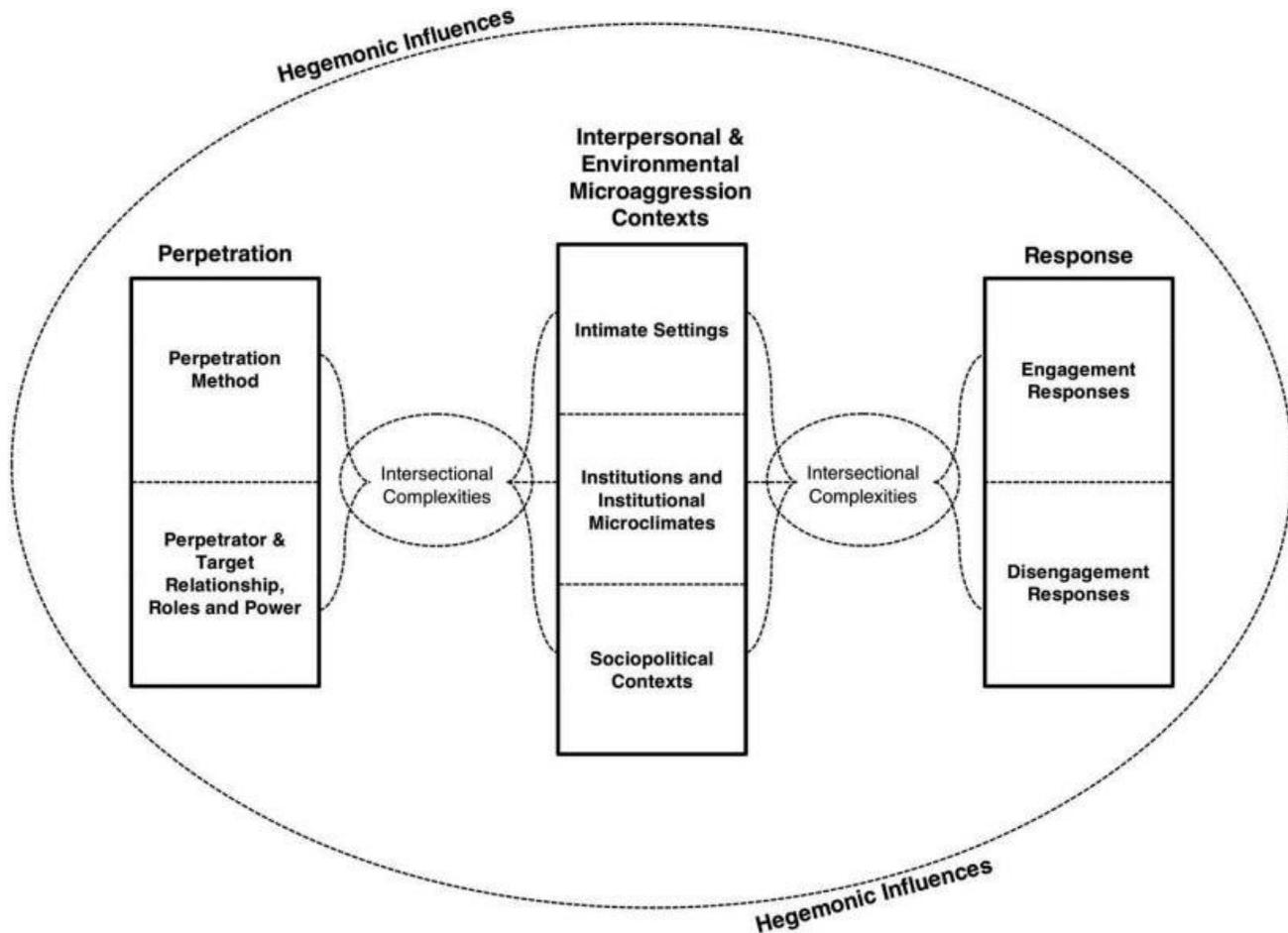


Figure 1. Critical and intersectional model of LGBTQ microaggressions.

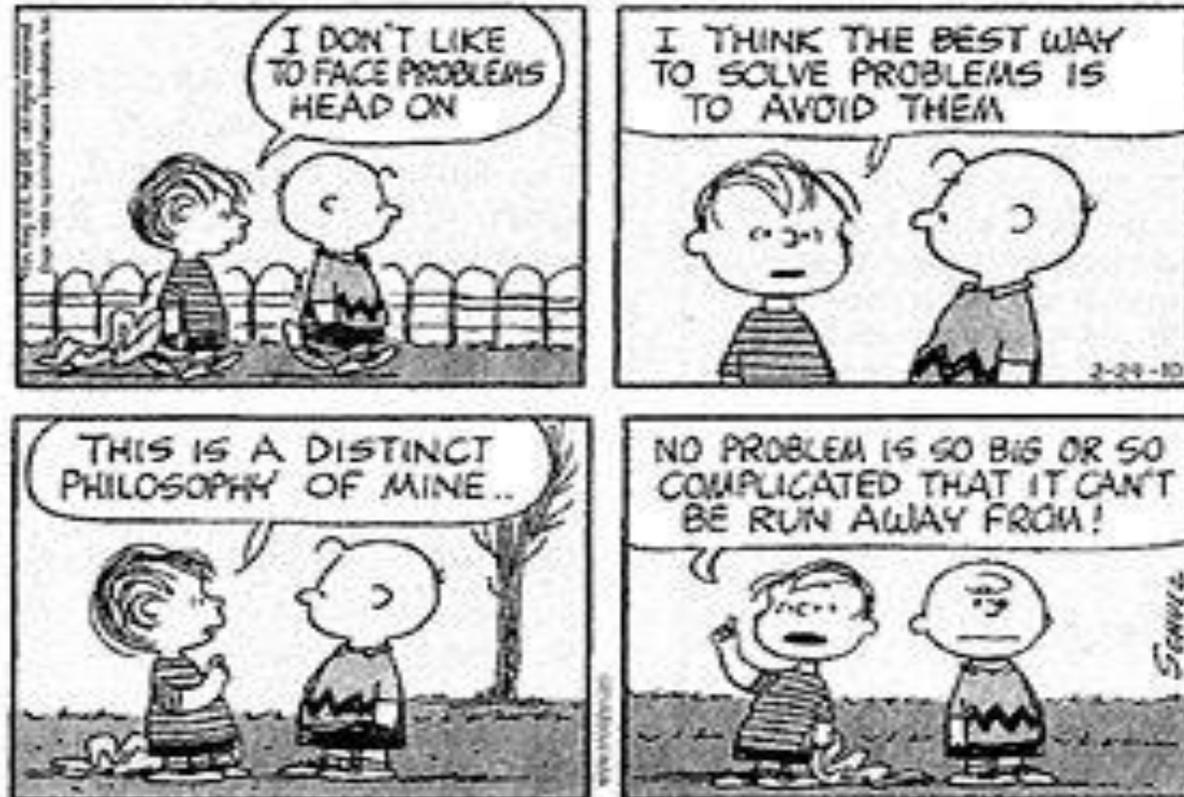
EFFECTIVE INTERVENTION STRATEGIES

- ▶ Cultural humility and competency
 - ▶ Using resources developed by LGBTQ+ scholars
 - ▶ Consultation with area experts and stakeholders
- ▶ Fostering Inclusivity
 - ▶ Using LGBTQ+ inclusive terminology
 - ▶ Asking client for their names and pronouns
- ▶ Welcoming/inviting for identity disclosures
 - ▶ Encouraging discussions about patient's identities
- ▶ Promoting culturally-responsive dialogue
 - ▶ Acknowledging impact of power differentials
 - ▶ Valuing patient's perspective around isms

MISTAKES AND
RUPTURES
HAPPEN

PEANUTS CLASSICS

Charles Schulz



ADDRESS AND INTERRUPT RUPTURES IN CLINICAL CARE

- ▶ Exploring and acknowledging the source of rupture
 - ▶ Naming it in session
- ▶ Helping the patient process their reactions to microaggressive encounters
- ▶ Extending invitations for repair
 - ▶ E.g., Seeking guidance around more affirming language, etc.
 - ▶ Valuing patient's perspective
 - ▶ Intention vs. impact
- ▶ Corrective Experience
 - ▶ Making changes to foster inclusivity

IMPLICATIONS FOR CLINICAL PRACTICE

- ▶ Acknowledging role of biases and educational training in research and clinical practice
- ▶ Improve trans+ competency – specialized training for cisgender providers
 - ▶ Community-driven language
 - ▶ Diversity and nuance of gender presentations and identities
 - ▶ Integration of complex relationship styles and configurations
 - ▶ Implementation of non-pathologizing, decolonizing approaches
 - ▶ Centering intersectional perspectives
- ▶ Diverse and intersectional research teams to reduce cis-heteronormativity

RESOURCES

- ▶ APA Guidelines on Psychological Practice with Sexual Minority Persons (2021)
- ▶ APA Division 45 Paper of Color Report (2021)
- ▶ World Professional Association for Transgender Health - Standards of Care V7 (2012)
- ▶ Affirmative Counseling and Psychological Practice With Transgender and Gender Nonconforming Clients (2017)

REFERENCES

1. Cyrus, K. (2017). Multiple minorities as multiply marginalized: Applying the minority stress theory to LGBTQ people of color. *Journal of Gay & Lesbian Mental Health, 21*(3), 194-202.
2. Levitt, H. M., & Ippolito, Graham, R., Berkowitz, B., Blum, R., Bockting, W., Bradford, J., de Vries, B., & Makadon, H. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: *Institute of Medicine, 10*, 13128.
3. Levitt & Ippolitto, (2014). Being transgender: The experience of transgender identity development. *Journal of Homosexuality, 61*(12), 1727-1758.
4. Matsuno, E., & Israel, T. (2018). Psychological interventions promoting resilience among transgender individuals: Transgender resilience intervention model (TRIM). *The Counseling Psychologist, 46*(5), 632-655.
5. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674.
6. Nadal, K. L. (2019). A decade of microaggression research and LGBTQ communities: An introduction to the special issue. *Journal of Homosexuality, 66*(10), 1309-1316.
7. Nadal, K. L. (2018). Microaggressions and traumatic stress: Theory, research, and clinical treatment.
8. Nadal, K. L., Whitman, C. N., Davis, L. S., Erazo, T., & Davidoff, K. C. (2016). Microaggressions toward lesbian, gay, bisexual, transgender, queer, and genderqueer people: A review of the literature. *The Journal of Sex Research, 53*(4-5), 488-508.
9. Newcomb, M. E., & Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clinical Psychology Review, 30*(8), 1019-1029.
10. Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133*(2), 328.
11. Pachankis, J. E., Goldfried, M. R., & Ramrattan, M. E. (2008). Extension of the rejection sensitivity construct to the interpersonal functioning of gay men. *Journal of Consulting and Clinical Psychology, 76*(2), 306.
12. Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 65.
13. Vaccaro, A., & Koob, R. M. (2019). A critical and intersectional model of LGBTQ microaggressions: Toward a more comprehensive understanding. *Journal of Homosexuality, 66*(10), 1317-1344.
14. Vermeir, E., Jackson, L. A., & Marshall, E. G. (2018). Barriers to primary and emergency healthcare for trans adults. *Culture, Health & Sexuality, 20*(2), 232-246.

Q&A